

<b>Case Number:</b>	CM13-0029311		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/26/1995
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Spine Surgery and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old date of injury of October 1995. The patient reportedly injured her back during this time in addition to her shoulders, neck, and hands. Lumbar MRI from June 2013 reveals mild retrolisthesis of L2 on L3 with a 2 mm disc bulge and mild canal stenosis. The patient has chronic back pain. The patient also reports experiencing neck pain, shoulder pain, hand pain and extremity pain. The patient describes stiffness in the back and pain in the back with bending twisting and lifting. Physical examination documenting neurologic deficit is not present. Radiculopathy is not documented on physical examination. Treatment has included epidural steroid injections, a lumbar corset, and home physical therapy.. The results of the previous epidural steroid injections are not documented. The results of a home physical therapy program are not documented. There is poor documentation of the effects of previous treatment on the patient's low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar Epidural Steroid Injection at L2-3 & L4-5 Qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient does not meet criteria for lumbar epidural steroid injection. The patient does not have any documented radiculopathy. There is no documentation of a physical examination that shows neurologic changes suggestive of radiculopathy. The patient has had a previous epidural steroid injection at 2 levels of the spine. There is no documentation of the results of that epidural steroid injection. Established criteria suggest a 50% improvement for at least at 6-8 weeks must be achieved before repeat epidural steroid injection. Criteria for repeat injection are not that at this time.

**Elastic Lumbosacral corset with plastic stays Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** Established guidelines do not support the use of a back brace for chronic degenerative low back pain.

**Physical Therapy 3 times per week for 2 weeks in treatment to the lumbar spine Qty: 6.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Physical therapy for 2 sessions for lumbar back pain is medically appropriate. The medical records do not indicate a recent trial of failure of physical therapy. Medical records to document attempts at home exercise program. Results of a home exercise program is not document. A referral to physical therapy for 2 sessions to assess the need and to provide a proper home exercise program is medically necessary at this time. Established criteria for 2 sessions of physical therapy for low back pain are met.

**Aqua therapy three (3) times per week for two (2) weeks in treatment to the lumbar spine Qty: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The medical records do not document any need for aqua therapy rather than a land-based PT program which is partially certified for 2 sessions. Established guidelines back with therapy not met